

**Provider Type 37 Intravenous Therapy (TPN)  
Reimbursement Rates**

Updated: June 2, 2009

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**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy

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[Modifier List](#)

Proc Code	DESCRIPTION	Mod	Rate	Rate Begin Date
96401	CHEMO, ANTI-NEOPL, SQ/IM		\$44.36	01-Jan-06
96402	CHEMO HORMON ANTINEOPL SQ/IM		\$38.61	01-Jan-06
96409	CHEMO, IV PUSH, SNGL DRUG		\$103.41	01-Jan-06
96411	CHEMO, IV PUSH, ADDL DRUG		\$59.81	01-Jan-06
96413	CHEMO, IV INFUSION, 1 HR		\$146.06	01-Jan-06
96415	CHEMO, IV INFUSION, ADDL HR		\$32.87	01-Jan-06
96416	CHEMO PROLONG INFUSE W/PUMP		\$157.06	01-Jan-06
96417	CHEMO IV INFUS EACH ADDL SEQ		\$71.36	01-Jan-06
96523	IRRIG DRUG DELIVERY DEVICE		\$23.70	01-Jan-06